

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
BEFORE THE BOARD OF PATENT APPEALS AND INTERFERENCES

In re the Application of: Starkey)	CUSTOMER NO. 27717
)	
Serial No.: 09/930,668)	Group Art Unit: 3626
)	
Filed: August 15, 2001)	Confirmation No.: 3237
)	
Title: METHOD FOR DETERMINING)	Examiner: Rachel L. Porter
ELIGIBILITY FOR AN ASSISTANCE)	
PROGRAM)	
)	
Attorney)	
Docket No.: 54679-000003)	
)	
Date: October 8, 2009)	

APPEAL BRIEF

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This is an appeal from the decision of the Primary Examiner, dated April 8, 2009,, finally rejecting claims 1-30 (the "Office Action"). A Notice of Appeal is filed herewith.

Applicants hereby petition under 37 CFR § 1.136(a) for an extension of time for filing this Appeal Brief for 3 months. Please charge the extension fee, the Notice of Appeal Fee, and the Appeal Brief Fee, and any additional fees, to Deposit Account No. 19-1351, and credit any overpayment thereto.

I. REAL PARTY IN INTEREST

The real party in interest is Chamberlin Edmonds & Associates, a corporation of the State of Georgia, located in Atlanta, Georgia.

II. RELATED APPEALS AND INTERFERENCES

None.

III. STATUS OF CLAIMS

Claims 1-30 are pending in the application.

Claims 1-30 are finally rejected, are appealed, and are set forth in the Claims Appendix.

IV. STATUS OF AMENDMENTS

All amendments have been entered. Formal drawings were filed and accepted.

No amendments to the claims are made herein.

V. SUMMARY OF CLAIMED SUBJECT MATTER

Citation references herein are made to the as-published application, publication no. 2003/0036926.

The claimed invention is *inter alia* for computer-implemented methods with which health care benefits for patients are identified and pursued. The methods include, for instance, receiving a referral and some information regarding the patient. An initial determination is made on that information as to whether it is likely, not guaranteed, that the patient qualifies for

benefits; if not, then the referral is rejected. If it is likely, further information is gathered from the patient, and a subsequent determination of likelihood is made; if it is considered likely, then an application is prepared on behalf of the patient, and the application is either electronically submitted to the benefit program or produced in hard copy for such submission.

Independent claim 1 requires a computer-implemented method ([0021]) for identifying and applying for benefits for a patient ([0019]). A first step is receiving a referral from a medical facility for a patient ([0019]; 202, Fig. 2A), along with obtaining initial patient information ([0019]; [0024]; 202, Fig. 2A). Based on that initial patient information, the next step is making an initial determination as to whether it is likely that benefits can be obtained for the patient under an assistance program ([0019]; [0024]; 208, Fig. 2A). If the initial determination is that it is unlikely that benefits can be obtained then rejecting the referral ([0038]; 232, Fig. 2A). If the initial determination is that it is likely that benefits can be obtained for the patient, then obtaining additional patient information ([0024]; [0033]; 212, Fig. 2A). A second determination is made, based on the additional patient information, as to whether it is likely that benefits can be obtained for the patient under the assistance program ([0025]; [0033]-[0034]; [0039]; 212, 214, 218, Fig. 2A). A further step is, if the second determination is that it is likely that benefits can be obtained, then receiving additional information for the patient so an application for the assistance program can be completed (220, 224, 226, Fig. 2B; [0025]; [0041]-[0042]). Once the application is complete, the method requires either submitting the completed application to the assistance program or providing a copy of the completed application for submission to the assistance program ([0025]).

Claim 13 requires a computer-implemented method ([0021]) for accepting a patient referral for Medicaid ([0018]) including the steps of receiving a patient referral, the patient

referral including initial patient information ([0019]) and determining whether to accept the patient referral by comparing the initial patient information to a well-established criteria ([0010]; [0031]; [0033]) associated with a Medicaid first assistance program (claims 12, 13, 17, 18 22, 26, e.g.). It should be noted that “first assistance program” is a term well-known as referring to government assistance programs including Medicaid. If the initial patient information comparison indicates that the initial patient information satisfies the well-established criteria, then accepting the patient referral (208, 210, Fig. 2A) and then obtaining additional patient information (212, Fig. 2A). The initial patient information and the additional patient information are compared to eligibility requirements for the assistance program ([0033]; [0034]). If this second comparison indicates it is likely that benefits can be obtained, then an application is provided for the program ([0043]).

Claim 22 requires a computer-implemented method for selecting an assistance program for a patient ([0021]). The method includes obtaining initial patient information ([0019]), and based on the initial patient information, making an initial determination as to whether it is likely that benefits can be obtained for the patient under an assistance program by comparing the initial patient information to multiple programs. Specifically, the claim requires comparing the initial patient information to a well-defined criteria corresponding to a first assistance program (208, Fig. 2A) and, if the initial patient information satisfies the well-defined criteria, then identifying the first assistance program ([0032]; [0033]; [0044]). The claim also requires comparing the initial patient information to a probability model corresponding to a second assistance program ([0032]; [0033]; [0044]) and, if the initial patient information satisfies the probability model, then identifying the second assistance program ([0032]; [0033]; [0044]). If the initial determination finds it is likely that benefits can be obtained, then the method proceeds to a step

of obtaining additional patient information, ([0032]; [0033]) and making a subsequent determination as to whether it is likely that benefits can be obtained for the patient by comparing the initial patient information and the additional patient information to the first and second identified assistance programs program that are is identified ([0033]; [0034]); and if the subsequent determination is that it is likely that benefits can be obtained for the patient, then selecting the identified assistance program ([0033]; [0044]).

VI. GROUNDS OF REJECTION TO BE REVIEWED ON APPEAL

Claims 1-30 stand rejected under 35 USC §101 as being directed to non-statutory subject matter. Claims 1-6 and 9-12 stand rejected under 35 USC §103(a) as being obvious in view of “IndicareTM – On-Line Patient Assistance Program Website Users Manual” (herein, “Indicare”) in view of US Patent No. 4,491,725, to Pritchard (herein, “Pritchard”), further in view of US Patent Publication No. 2002/0107849 to Hickey, et al. (herein, “Hickey”). Claims 13 and 17-21 stand rejected as being obvious in view of Indicare in view of Pritchard. Claims 7 and 8 stand rejected as being obvious in view of Indicare in view of Pritchard, further in view of Hickey, and further in view of US Patent No. 4,975,840, to DeTore, et al. (herein, “DeTore”). Claims 14-16 and 22-28 stand rejected as obvious in view of Indicare, Pritchard, and DeTore. Claims 29 and 30 stand rejected as obvious in view of Indicare in view of Pritchard, and further in view of Admitted Prior Art.

The grounds of rejection presented for review are:

Whether independent claims 1-30 are directed towards non-statutory subject matter under 35 USC §101.

Whether claim 1 is obvious over Indicare, Pritchard, and Hickey. Claim 1 is an independent claim from which claims 2-12 depend; only claim 1 is presented for argument, and each claim dependent therefrom stands or falls with claim 1.

Whether claim 13 is obvious in view of Indicare and to Pritchard. Claim 13 is an independent claim from which claims 14-21 and 29-30 depend; only claim 13 is presented for argument, and each claim dependent therefrom stands or falls with claim 13.

Whether claim 22 is obvious in view of Indicare, Pritchard, and DeTore, et al. Claim 22 is an independent claim from which claims 23-28 depend; only claim 22 is presented for argument, and each claim dependent therefrom stands or fall with claim 22.

VII. ARGUMENT

A. Claims 1-30 are eligible subject matter under 35 USC §101

Claims 1-30 are rejected as being directed to non-statutory subject matter.

1. PTO's Instructions

The Office Action states the PTO's guidance based on Supreme Court precedent and Federal Circuit decisions is that a patentable process must either (1) be tied to another statutory class (such as a particular apparatus) or (2) transform underlying subject matter (such as an article or materials) to a different state or thing.

However, it is clear that such statement is overly limiting as more recent caselaw has been provided by the Court of Appeals for the Federal Circuit ("CAFC"), including the en banc decision of *In re Bilski*, Fed. Cir., No. 2007-1130, October 30, 2008. It is recognized that the CAFC quoted the same cases cited by the PTO in earlier guidance, stating that "a claim is not a patent-eligible 'process' if it claims 'laws of nature, natural phenomena, [or] abstract ideas.'" (Brackets in original.) (Id., at page 6). The CAFC stated the "underlying legal question" is whether a claim to a process is unpatentable "because it claims only a fundamental principle." The CAFC quotes the decision by the US Supreme Court in *Gottschalk v. Benson* (hereinafter "*Gottschalk*") finding that a claimed method for converting data in binary coded decimal format to pure binary format was unpatentable as it would be tantamount to claiming the algorithm

itself, whether performed on a computer or not. In other words, the claim would patent “the formula for converting BCD numerals.” (Emphasis added). Yet, the CAFC in *Bilski* did not state the claims in *Gottschalk* were unpatentable simply because they failed to transform an “article or materials,” which the present Office Action would do.

Instead, the CAFC holds that the Supreme Court has stated a claim is surely patent-eligible under §101 if “(1) it is tied to a particular machine or apparatus, or (2) it transforms a particular article into a different state or thing.”

Beyond this, the CAFC quotes the Supreme Court’s statement that “We do not hold that no process patent could ever qualify if it did not meet the requirements of our prior precedents.” Accordingly, the CAFC states “we agree that future developments in technology . . . may present difficult challenges to the machine-or-transformation test, just as the widespread use of computers and the advent of the Internet has begun to challenge it in the past decade.” This is the CAFC acknowledging that the use of computer and the Internet are challenging the narrowness of the machine-or-transformation test, and both the Supreme Court and the CAFC acknowledging the test does not fully encompass all patent-eligible claims under §101.

In addition, the Patent and Trademark Office has, since the issuance of the Office Action, provided revised Interim Examination Instructions for Evaluating Subject Matter Eligibility Under 35 U.S.C. §101,” herein after the “Instructions.”

Turning to the present application, it is believed that the claims 1) are tied to a particular machine or apparatus, 2) transform a particular article into a different state or thing, and 3) reach beyond simply claiming a formula and beyond simply claiming a fundamental principle.

As background, the present application is directed towards a computer-based system that eliminates many of the problems with identifying and applying for patient-specific assistance programs. Historically, it was difficult if not impossible for any person to be aware of all possible assistance programs. It was difficult if not impossible for any person to understand the nuances of the eligibility standards for assistance programs, particularly if they are only defined by what administrators of the program had done before. Further, it was difficult if not impossible for information collected from a patient to be considered in various permutations – that is, the same fact or related facts may be expressed in different or even inconsistent manners by a single patient based on the manner in which a question is asked by either medical personnel or by assistance programs. Even after all that, there was still the issue of being able to properly supply information to a particular assistance program in the manner that the program expected.

The present application alleviates or eliminates these problems. A database of the programs and knowledge regarding the qualifications (including, for instance, administrative decisions regarding the programs) is collected. A user inputs patient information (i.e., information related to status and condition that would be relevant to qualifications), and the system compares the input patient information (and permutations thereof) against the qualifications. The system can then determine whether it is “likely,” based on the initial patient information, that an assistance program is available. The “likely” determination may be a logic and weightings based analysis described in the specification, as opposed to a simple and precise ‘formulaic’ view of eligibility.

It is acknowledged that the present claims do not come within the scope of the “three product categories,” and thus may only be of the “Processes(methods)” category defined by the Instructions. The Instructions state that such must pass the machine-or-transformation test. In

accordance with the instructions, the claimed process must “be tied to a particular machine or apparatus (machine implemented); or particularly transform a particular article to a different state or thing.” The claims of the present invention satisfy both of these prongs.

a. Machine implemented.

The instructions state that a machine implementation must be to a particular machine such that it is not merely a field-of-use limitations, and that use of the machine must be more than “extra-solution” activity.

Claim 1 is tied to a particular machine or apparatus, as it specifically recites “computer-implemented method.” Claim 1 requires the logic steps of “based on [] initial patient information, making an initial determination as to whether it is likely that benefits can be obtained for the patient under an assistance program,” and makes a logic based reaction to this. Based on the initial determination, there may be a further logic step of determining whether it is likely that benefits may be obtained under the assistance program. Finally, the computer-implemented method does at least one of “submitting the completed application” and “providing a copy of the completed application for submission.” In other words, the computer-implemented method makes at least two determinations of likelihood, and performs the necessary steps to provide or submit the completed application. Accordingly, it is clear that claim 1 is hosted on a computer capable of a logic-based comparison of the information from the patient to one or more assistance programs to identify a “likely” eligibility, and continues with a further logic-based comparison, culminating in a completed application.

Claim 1 requires a “computer-implemented method.” It is recognized that, generally speaking, such language in a preamble is not considered limiting nor is it necessarily sufficient for defining statutory subject matter under §101. However, in the present case, the “computer-

implemented method” is required as it combines with other features of the claims to define essential structure and essential steps. The specification discusses the difficulty in completing applications. See paras. [0005] and [0006]. The application also defines what is “likely,” as that term is used in the claims, as being based upon “well-established” criteria and on “probability models.” Para. [0010]. The specification also describes adjustment of the probability models (para. [0034]).

It should be noted that the completed application is a major factor, not merely “extra-solution” activity. More specifically, one goal of the claimed invention is to accurately identify assistance programs for which the eligibility is probably and submit an application.

The determination features are more fully articulated in claims 4-6 each require a step of “comparing the initial patient information to a well-established criteria.”

The determination features are also more fully articulated in claims 7-8 in which a probability model is explicitly recited.

Turning to independent claim 13, a “computer-implemented method” is required. It should be noted that “well-established criteria” is explicitly recited, as are two steps of “comparing” and an indication of benefit eligibility being “likely.”

Dependent from claim 13, claims 14-16 require the “probability model.”

Dependent from claim 13, claims 17 and 18 include features that further highlight the computer-implementation of the method. That is, claim 17 requires “providing prompts . . . to ensure the application is answered consistently,” and claim 18 requires “automatically completing a section of the application.”

While claim 13 requires providing the application, claim 21 also requires the computer-implemented method to submit the application.

With respect to independent claim 22, at least an initial determination and a second determination of “likely” are made, determinations made based on “well-established criteria” and a “probability model.”

Like claim 17, claim 23 (dependent from claim 22) requires providing prompts to assist in completing an application.

Claim 28 requires a step of “adjusting a probability model,” another feature that reinforces the “computer-implemented” requirement for the method.

b. Transformation of an Article

In simplest terms, the computer-implemented method transforms an input of patient information into an application for an assistance program.

Claim 1 further transforms a particular article into another state or thing. More precisely, the claim describes a system that receives patient information, and transforms that information into a completed application. Claim 1 requires the system to “complete an application,” more specifically the step of “at least one of submitting the completed application to the assistance program and providing a copy of the completed application for submission to the assistance program.” Therefore, claim 1 describes not just a transformation, but an actual creation of a document, and envisions the submission of the document.

Claim 1 finally is clearly beyond simply claiming a formula or fundamental principle. The field of the art has not defined formula: such is one of the exact problems addressed, the inability to identify and determine eligibility for assistance programs by a particular patient, and the frustration that follows. If an exact or defined formula were available, the steps of “likely” would not be necessary.

The system is not like a binary conversion, or a tax accountancy program where numbers and binary answers are provided in order to generate a tax return: instead, the computer-implemented method necessarily makes judgments. That is, the “determination” is comparing the information against criteria in order to determine that it is “likely.” This “likely” aspect is stressed and further clarified in dependent claims, such as claim 4 in which the step of the initial determination is comparing information to “a well-established criteria for the assistance program,” and such as claim 7 requiring a “probability model.”

Similarly, claims 13 and 22 each recite a “computer-implemented” method including steps of “determining,” “comparing . . . information to a well-established criteria associated with” the program, and resulting in the answer to “likely” to qualify. Claim 22 explicitly recites use of a probability model.

Therefore, for the reasons discussed above, claims 1, 13, and 22, as well as the dependent claims therefrom, are eligible under §101.

B. Claim 1 is Patentable over Indicare, Pritchard, and Hickey

The Office Action is incorrect regarding the teachings of Indicare. The Indicare document is a computer application manual for medical facility personnel to use a computer application to support a pharmacy’s efforts to recoup drugs given away for free. The application is an interface with a database allowing a user to log into the system and identify whether a specific drug or pharmaceutical is subject to a reimbursement program, yet provides no benefit over searching the Internet for their drug and a logic expression such as “patient assistance” or “free” or “indigent,” as examples. If a program is available, the Indicare application either a) provides a form from the database or b) indicates that there is an assistance program but no form can be provided from the database.

With respect to the presently invention, Indicare does nothing more. Indicare may create a patient record, but this patient record is entirely irrelevant and is never transmitted in a request for replacement drugs. Indicare performs no analysis of patient information, and the application never generates a completed application, features explicitly required in the claims as discussed below.

Pritchard mentions submitting claims to insurance carriers and to Medicaid, but such is much different than the claimed invention: in Pritchard, for insurance carriers and Medicaid, the patient is already enrolled in the program. The present claimed invention identifies programs that may provide assistance based on “patient information,” while Pritchard relies on programs that are already known to the patient because the patient is already an enrollee. Therefore, any “determination” possible by Pritchard is not whether it is “likely that benefits can be obtained,” as required by claims 1, 13, and 22, instead the determination is to whom to send a claim.

Hickey is, first and foremost, non-analogous art. There is no demonstration of why anyone would look to a system for searching for scholarships for teachings to address identification of patient assistance programs. For instance, once eligibility under a patient assistance program is established, the patient will “likely” receive benefits. For scholarships, eligibility being established merely means that an applicant is one of many applying for a limited number of scholarships. In such a sense, it should be recognized that a determination of eligibility is quite different in the fields of patient assistance programs and of scholarships. Additionally, it is clear that the application of Hickey in the present context would be impermissible hindsight.

Claim 1 makes an initial determination, and, if the first determination is satisfied, a second determination. Indicare makes no analysis or determination other than whether the drug

is listed in the database for reimbursement, and contains nothing to suggest that any other information that may be requested is used for any purpose related to qualifications for an assistance program or applying for an assistance program. The Office Action attempts to find “initial patient information” being obtained in Indicare, though it is clear that the claimed “patient information” is condition-type information, that Indicare requires no information, and that, regardless of whether Indicare obtains such information, there is no step of “determining” anything based on the obtained information. The only information Indicare requires or uses is the drug information.

For the Office Action to find the listed claim elements taught or suggested or otherwise made obvious by Indicare, the claimed “the initial patient information” would have to be the mere existence of a person having a name, and the claimed “initial determination” would be based on the person’s presence in front of the Indicare user or pharmacy personnel. Furthermore, as the only other information is the name of the drug, such must be the “additional patient information,” and the second determination would be whether a program for drug reimbursement exists for such drug. First of all, it does not make sense to suggest that a “determination” is based on a person’s name (the claimed “initial patient information”); secondly, the “additional patient information” cannot be drug information, as the latter is not information about the patient. Moreover, any ‘determination’ made by Indicare is a binary choice – either the drug is reimbursable, or it is not: there is no ‘likely’ answer, unless ‘likely’ means “certainty.”

When Indicare is combined with Pritchard, and Hickey, these features are still not taught or suggested. As discussed, Pritchard is directed towards a system where eligibility is already determined. Therefore, the system does not attempt to ‘determine’ whether eligibility is ‘likely.’

While Hickey does attempt to determine an eligibility, that eligibility not being a certainty, it still does not determine a ‘likely eligible for benefits.’ This is demonstrated by the above discussion of the difference between scholarships and patient assistance programs where the former defines eligibility as being one of many that may or may not receive a limited number of scholarships.

Beyond this, Hickey fails to teach or suggest many of the elements of the claims. For instance, while Hickey requires the input of information, the results listed make no determination of eligibility. In fact, Hickey describes a paid preferences where scholarship companies that pay a fee get ranked higher in the results. The closes Hickey comes to the claimed steps related to, loosely termed, ‘determining likely eligibility’ are Hickey’s “ranking the scholarships . . . for how closely the scholarship searcher matches the scholarship’s requirements.” At no point does Hickey actually teach the step of ‘scholarship searcher would likely receive assistance from this scholarship organization.” Finally, the system of Hickey fails (as do each of the other references) to actually create and either submit or provide a completed application.

Finally, no combination of the cited references teaches a computer-implemented method, as claimed in claim 1, to perform the step of “at least one of submitting a completed application to the assistance program and providing a copy of the completed application for submission to the assistance program.” Indicare simply creates a proprietary record of information, stored in its local database, and provides a separate form where one is available that can then be filled out in a traditional manner, and none of the other references of record teach such a system.

To summarize, the Office Action is incorrect about the teachings of the references, the references fail to disclose elements of the claims, and the references (either singly or in

combination) fail to make these elements obvious. Furthermore, Hickey is non-analogous art applied in an attempt at impermissible hindsight.

As the combination of references cannot make obvious claim 1, they similarly fail to make obvious any or each of the claims dependent therefrom.

C. Claim 13 is Patentable over Indicare and Pritchard.

For claim 13 the Office Action fails to address how the noted limitations of claim 13 are disclosed or otherwise made obvious, nor how the claim in its entirety is made obvious by Indicare and Pritchard

Claim 13 is also a computer-implemented method in which initial “patient” information is collected, the information is compared to “well-established criteria,” collecting additional “patient” information if the criteria are satisfied, and making a second comparison to eligibility requirements, both comparisons being specific to Medicaid, and providing an application if the eligibility requirements are satisfied. As stated above, Indicare makes no such determinations other than presence of a program for a drug, and does not make a determination by “comparing the initial patient information to a well-established criteria.” While Pritchard makes mention of submitting claims to insurance carriers and to Medicaid, such is much different than the claimed invention: for insurance carriers and Medicaid, the patient is already enrolled in the program. The present invention identifies programs that may provide assistance based on “patient information,” while Pritchard relies on programs that are already known to the patient because the patient is already an enrollee. Therefore, any “determination” possible by Pritchard is not whether it is “likely that benefits can be obtained,” as required by claim 13 as well as claims 1 and 22, instead the determination is to whom to send a claim. Accordingly, the combination of

art fails to make obvious claim 13 as a whole, and therefore fails to make obvious claims 17-21, dependent therefrom.

D. Claim 22 is Patentable over Indicare, Pritchard, and DeTore.

DeTore is basically inapplicable to the present invention. DeTore is a very basic computer-implementation of risk assessment for insurance purposes. To be clear, such is not to determine “eligibility” for insurance, per se, as much as DeTore is focused on evaluating information in a database against information specific to an insurable risk (such as a building or a person). Elements of the information are correlated and weighted, and a providing a risk classification based on such correlation and weighting.

The Office Action utilizes DeTore to show that probability models are known in insurance arts; however, such statement appears to mischaracterizes the present application as being in the insurance arts. The present application has nothing to do with the “insurance” aspects of DeTore, as DeTore is trying to quantify and assess the risk of an insurable entity (termed in DeTore as “an insurable risk”). The present application does not assess any “risk” whatsoever. Accordingly, the relevance of DeTore is only to show that a “probability” model is not, in and of itself, new.

Claims 22-28 are rejected over Indicare, Pritchard, and DeTore. Again, Indicare fails to disclose that which the Office Action alleges, and the combination of art fails to supply or otherwise make obvious the limitations of the claim as a whole. Claim 22 generally incorporates points discussed above by requiring determinations for first and second assistance programs. The present invention contemplates a computer-implemented method in which the initial patient information is screen or sorted against a plurality of assistance programs; claim 22 makes this explicit. In contrast, Indicare screens to see if a particular drug is supported by a reimbursement

program to recoup free giveaways, and Pritchard simply submits claims for patients that are already enrolled in specific assistance programs (such as insurance or Medicaid). DeTore does nothing to supply the missing elements.

VIII. CONCLUSION

For at least these reasons, Applicant respectfully submits that the rejections have been overcome or are improper, as the combination of the '429 patent and the '896 patent does not disclose, teach or suggest the elements of the claims, and the '896 patent is non-analogous art used with impermissible hindsight. Accordingly, Applicant respectfully requests reconsideration of the patentability of claims 1-6. Claims 2-4 and 6, which depend from the independent claims 1 and 5, are also patentably distinguished over the combination and in condition for allowance.

Respectfully, Applicant requests withdrawal of the present rejection and issuance of a notice of allowance.

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IX. CLAIMS APPENDIX

1. (Previously Presented) A computer-implemented method for identifying and applying for benefits for a patient, comprising the steps of:

receiving a referral from a medical facility for a patient and obtaining initial patient information;

based on the initial patient information, making an initial determination as to whether it is likely that benefits can be obtained for the patient under an assistance program;

if the initial determination is that it is unlikely that benefits can be obtained then rejecting the referral;

if the initial determination is that it is likely that benefits can be obtained for the patient, then obtaining additional patient information;

based on the additional patient information, making a second determination as to whether it is likely that benefits can be obtained for the patient under the assistance program;

if the second determination is that it is likely that benefits can be obtained, then receiving additional information for the patient to complete an application the assistance program; and

at least one of submitting the completed application to the assistance program and providing a copy of the completed application for submission to the assistance program.

2. (Original) The method of claim 1, wherein the initial patient information includes information about the patient's age and medical condition.

3. (Original) The method of claim 1, wherein the initial patient information includes information about the patient's income and financial resources.

4. (Original) The method of claim 1, wherein making an initial determination as to whether it is likely that benefits can be obtained for the patient under an assistance program, comprises:

comparing the initial patient information to a well-established criteria for the assistance program.

5. (Original) The method of claim 4, wherein the well-established criteria is based upon a court decision.

6. (Original) The method of claim 4, wherein the well-established criteria is based upon an agency decision.

7. (Original) The method of claim 1, wherein making an initial determination as to whether it is likely that benefits can be obtained for the patient under an assistance program, comprises:

comparing the initial patient information to a probability model.

8. (Original) The method of claim 7, wherein the probability model is based upon prior experience in obtaining benefits under the assistance program for a plurality of patients.

9. (Original) The method of claim 1, wherein the additional patient information includes a discharge diagnosis.

10. (Original) The method of claim 1, wherein providing an application for the assistance program comprises:

providing prompts to assist in completion of the application.

11. (Original) The method of claim 1, further comprising:

determining whether the patient is already covered by an assistance program.

12. (Original) The method of claim 1, further comprising:

determining whether the patient has previously submitted a first application for a first assistance program;

if the patient has previously submitted a first application for a first assistance program, then determining the status of the first application; and

if the status of the first application is pending, then providing an update for the first application.

13. (Previously Presented) A computer-implemented method for accepting a patient referral for Medicaid, comprising the steps of:

receiving a patient referral, the patient referral including initial patient information;

determining whether to accept the patient referral by: comparing the initial patient information to a well-established criteria associated with a Medicaid first assistance program;

if the comparison indicates that the initial patient information satisfies the well-established criteria, then accepting the patient referral;

if the patient referral is accepted, then obtaining additional patient information;

comparing the initial patient information and the additional patient information to eligibility requirements for the Medicaid first assistance program; and

if the comparison indicates it is likely that benefits can be obtained under the Medicaid first assistance program, then providing an application for the Medicaid first assistance program.

14. (Original) The method of claim 13, wherein determining whether to accept the patient referral further comprises:

comparing the initial patient information to a probability model associated with a second assistance program;

if the comparison indicates that the initial patient information satisfies the probability model, then accepting the patient referral.

15. (Original) The method of claim 14, wherein the probability model is based upon prior experience in obtaining benefits under the second assistance program for a plurality of patients.

16. (Original) The method of claim 14, wherein the probability model is modified based upon actual experience in obtaining benefits under the second assistance program.

17. (Original) The method of claim 13, wherein providing an application for the first assistance program, comprises:

providing prompts during completion of the application to ensure the application is answered consistently.

18. (Original) The method of claim 13, wherein providing an application for the first assistance program, comprises:

automatically completing a section of the application using the initial patient information.

19. (Original) The method of claim 13, wherein the patient referral is received and accepted by an entity that is independent of a medical provider providing treatment to the patient.

20. (Original) The method of claim 19, wherein the patient referral is accepted, further comprising: if payment is provided to a medical provider providing treatment to the patient by the assistance program, then the entity receives a portion of the payment from the medical provider.

21. (Original) The method of claim 13, further comprising:

submitting the application; and

monitoring the application.

22. (Previously Presented) A computer-implemented method for selecting an assistance program for a patient, comprising the steps of:

obtaining initial patient information;

based on the initial patient information, making an initial determination as to whether it is likely that benefits can be obtained for the patient under an assistance program by:

comparing the initial patient information to a well-defined criteria corresponding to a first assistance program;

if the initial patient information satisfies the well-defined criteria, then identifying the first assistance program;

comparing the initial patient information to a probability model corresponding to a second assistance program;

if the initial patient information satisfies the probability model, then identifying the second assistance program;

if the initial determination is that it is likely that benefits can be obtained, then obtaining additional patient information;

making a subsequent determination as to whether it is likely that benefits can be obtained for the patient by comparing the initial patient information and the additional patient information to the first and second identified assistance programs that are identified; and

if the subsequent determination is that it is likely that benefits can be obtained for the patient, then selecting the identified assistance program.

23. (Original) The method of claim 22, further comprising:

identifying an application for the selected assistance program; and

providing prompts to assist in the completion of the application, the prompts identifying related questions.

24. (Original) The method of claim 22, wherein the initial patient information includes age and medical condition.

25. (Original) The method of claim 22, wherein the additional patient information includes income and financial resource information for member's of the patient's household.

26. (Original) The method of claim 22, wherein the well-established criteria is based upon a judicial determination of eligibility under the first assistance program.

27. (Original) The method of claim 22, wherein the probability model is based upon prior experience in obtaining benefits under the second assistance program for a plurality of patients.

28. (Original) The method of claim 27, further comprising:
adjusting the probability model based upon common characteristics shared by a plurality of patients that did not receive benefits under the second assistance program.

29. (Previously Presented) The method of claim 13 wherein the well established criteria for the Medicaid assistance program includes analysis of the patient's disability status.

30. (Previously Presented) The method of claim 13 wherein the well established criteria for the Medicaid assistance program includes analysis of the patient's indigence status.

X. EVIDENCE APPENDIX

None.

XI. RELATED PROCEEDINGS INDEX

None.